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INSANITY

BY
DR. O. EVERTS
SUP'T OF THE
CINCINNATI SANITARIUM
1880-1895,
SUP'T IND. HOSPITAL
FOR THE INSANE
1868-1879,
&c., &c., &c.

INSANITY.

Insanity is now supposed to be a manifestation of functional disorder of brain-mechanisms. If this is correct, it is presumable that whatever being is endowed with brains may become insane. Hence, it is probable that the phenomena of insanity were observed by all primitive peoples. Since the entry of mankind upon the historic period we know that these phenomena have been familiar to all peoples reaching that advancement. The Egyptians were familiar with insanity. Moses, who was educated as an Egyptian Priest and Physician, in his character of law-giver and representative of the God of Israel, threatened the children of Israel, whom he was leading away from Egyptian salvery and superstition, with insanity as a penalty for disobedience to the laws that he formulated for their government, in the name of the God that he had chosen for them. That all diseases, and even death, were inflicted upon mankind by supernatural beings, was the common belief of historic peoples, evidently descended from pre-historic ancestor, and is still the accepted notion of the more ignorant, if not of the commonalty of mankind. Insanity, however, was treated by the Egyptians and the Greeks, by the administration of medicines as other diseases were treated. It should be remembered, however, that medicine, with the Egyptians, as was law, and all other affairs of life, pertained to religion; and was neither more nor less rational than were the prevailing notions of the cause or character of disease—the virtues of medicines being regarded as supernatural, as well as the causes of diseases for which they were prescribed. What has been said of Egyptian medicine and practices, is applicable, also, to that of the Greeks. They provided Sanitariums for their afflicted, and administered medicines for the cure of disease. But their hospitals—if they may be so called—were more religious than scientific institutions, and their prescriptions were in accordance with supposed-to-be supernatural authority.

Survivals of Egyptian, Greek, and all ancient medicine, may be detected in our medicine of to-day, by the learned and analytical.

In the course of time, the Jews, to whose historic scriptures all Christian people have been taught to look for knowledge that admits of no disputation or criticism, came to recognize insanity as the manifestation of evil spirits, capable of entering into, and controlling the speech and actions of human beings.

The Christian Church, as an evolution from Judaism, brought forward this theory of the cause of insanity, and its complementary treatment, by exorcism and other religious exercises, such as flagellation, starvation, and resort to holy wells, shrines of saints, etc.—all of which was rational when seen in the light of its surroundings.

With the growth of mankind in capability—and an inevitable accumulation of knowledge—the light of science has dawned upon mankind; and many of the older notions of the race have been so modified as to appear, not only false. but absurd; causing the thoughtless to wonder how any body could have believed them to be true, or reasonable.

Among these discredited ancestral notions that of the "spiritual" character of Insanity and its treatment, has been rejected by the medical profession, and a large proportion of thinking people.

The great vail of supernaturalism—behind which all knowledge, power and wisdom, were supposed to be concealed—has, indeed, been rent in many places, and nothing found behind it but a continuation of nature as it exists under our feet. We see now that men think; and that they think by reasons of their own structural capabilities. The hypothesis of an indwelling spiritual entity is no more essential, now, to explain the phenomena of thought in men, than it is to account for instinct in the lowest grade of animal, or the sensitiveness of plants.

If mental phenomena are manifestations of human capabilities, and especially of brain function; and disorderly phenomena reflect functional disorder, or structural impairment of organs implicated; then, that knowledge of the anatomy and physiology of man, and especially of brain structures and functions, is essential to a rational understanding of such phenomena, whether as orderly or disorderly, is unquestionable. Every physician should be familiar with, at least the general features of such knowledge—as he presumably is.

SYMPTOMS.

Mankind, as a GENUS, is sufficiently uniform in structure and function to be distinguishable from all other animals, and identifiable as human. Yet there are no two human beings who are identical in all particulars of either structure or appearance.

Mental phenomena are as variable as are the individuals manifesting them, and the conditions of special organs by which they are characterized. To determine, then, whether any given mental manifestation is a symptom of insanity, it must be considered, not only as related to mental manifestations in general, but as related to particular manifestations common to a class, or race of men; and such as are, or have been, peculiar to the individual whose mental condition may be in question.

It may be stated in general terms, that any considerable deviation, of more than ephemeral duration, from the habits of feeling, remembering, reasoning, imagining, and acting, of a given person, is a symptom of insanity—unless it may be rationally accounted for by other than morbid conditions of brain. If such deviations are associated with recognized conditions of ill-health, the evidence is quite conclusive. If not, ill-health is to be rationally presumed, though not manifested as "sickness," of which the subject is conscious.

The earlier notable symptoms of insanity are:—disturbance of feeling; unusual depression, or exaltation; attended by inability to sleep, and more or less loss of appetite for food. Feelings of exaltation are accompanied by muscular activity, ranging from simple unrest to more or less constant gesticulation, or locomotion. The patient is likely to be

more than usually garrulous; may even shout or sing, or indulge in more or less incoherent declamation. There may, or may not, be an elevation of bodily temperature. There are, in fact, no uniformly present palpable physical symptoms that may be said to be diagnostic of simple insanity. The skin is sometimes dry and harsh and sometimes clammy and cool to the touch. With exaltation of feeling the eyes are often engorged and the general expression of the face that of excitement. Much stress is often placed upon the appearance of the eyes by common observers. The eye itself does not change in appearance, but its expression is changed by the action of the muscles surrounding it.

In states of mental exaltation the attitude of the body is more than usually erect. The person seems to be unnaturally strong. The extensor muscles of the whole body are more than ordinarily energized. Persons so affected express themselves as being in perfect health. They laugh at the imputation of being sick. Their desire is to go and to do. There are many gradations of this state, ranging from simple exhilaration, lasting for a few hours or days, to wild and uncontrollable violence of expression, by both speech and action, lasting for weeks or even longer.

States of depression are characterized by painful states of consciousness, indisposition to converse, apprehension of evil, self-accusation, suspicion, jealousy, and suicidal impulses. The patient is sleepless and cares nothing for food. Elimination is practically suspended. The temperature of the body is depressed. The muscular system is not energized, so that, as in death, the flexor muscles predominate and the limbs and body are naturally bent. The head falls forward, the shoulders stoop, the knees project, the arms droop, and the hands are as expressive of despondency as is the face, every muscle of which says "hopeless."

The tongue in this, as well as other conditions of simple insanity, indicates only indigestion and waste of energy.

There is another condition that sometimes obtains suddenly, but is more frequently a sequence of one or the other of the above-mentioned states, and that is a state of arrest and suspension of psychic energy. There may be no well-marked symptoms of disease other than would naturally attend a cessation of thinking, consequently a lack of expression of either desire or purpose. There are many grades of this condition, ranging from feeble mindedness to utter imbecility.

Such are the characteristic symptoms of all forms of simple insanity. There are some special forms of insanity the symptoms of which are peculiar, rather than general, and there are special symptoms that usually appear, sooner or later, in the progress of these general forms of disorder. These special symptoms may be catalogued as: delusions, hallucinations, and illusions: terms that are often used synonymously or inappropriately.

A delusion is an error of intellect. It is defined: "a false belief." A belief may be false, however, as a matter of fact, and yet rational, as a matter of belief, and in no wise a symptom of insanity. A belief that is consistent with such testimony as may be known to and accepted as convincing by a class of persons of similar capabilities and knowledges, is rational, as a matter of belief entertained by such persons, however erroneous, as a matter of fact. An insane delusion is a belief in something not only false, as a matter of fact, and without evidence convinc-

ing to other persons, but contrary to all evidence acceptable to rational persons.

Hallucinations and illusions are nearly related phenomena. They are errors of consciousness due to perversion of sensation. The distinction made between them is not important, in a diagnostic sense. A hallucination is an error of consciousness effected by an integration of sensations that are without objective causes, or the excitation of environments, perceptible to others than the one percipient. As, for example, a consciousness of sounds, words, conversation, when no person is within hearing distance, or no one is near uttering sounds of any kind.

An illusion is an error of consciousness effected by integrations of sensations effected by substantial excitations, but falsely interpreted. As, for example, a man sees a bush or a stump, and conceives in to be a bear.

Neither hallucinations, nor illusions, are positive proof of insanity. Persons of ordinarily sound mind are subject to either at times, but they are almost instantly recovered from or corrected by consciousness itself. It is only when they become persistent beyond correction by argument or demonstration that they are to be regarded as evidences of insanity. Then they are invariably associated with other symptoms.

Delusions may be conspicuous as symptoms of insanity without apparent disorder of sensation. But as delusions are not infrequently suggested or confirmed by hallucinations, as well as for other more strictly physiological reasons, it is probable that delusions are more intimately related to hallucinations and illusions than is commonly conceded. They occur as symptoms in both morbid states of exaltation and depression, but seldom, if ever, in states of mental inertia.

CLASSIFICATION.

As there is a common condition or general aspect of insanity, so there are a great variety of special features that enter into and compose it.

These varieties have been classified by many authors, but by no one, as yet, in a manner entirely satisfactory. Suggested classifications have been based upon either conspicuous symptoms, or supposed causes, or pathological conditions. No modern scheme, however, has successfully displaced the old classification by conspicuous mental symptoms under the significant titles of MANIA, MELANCHOLIA and DEMENTIA. Mania embraces all special varieties, the characteristic features of which are MENTAL EXALTATION or abnormal activity. Melancholia embraces all cases of which MENTAL and PHYSICAL DEPRESSION are conspicuous features. DEMENTIA represents all cases characterized by serious LACK OF MENTAL ENERGY.

It is true that other classifications have left evidences of merit while failing of adoption, manifested by the fact that certain terms that belong to them have come into general use. For example, the terms PARALYTIC DEMENTIA, PUERPERAL MANIA, HYSTERICAL INSANITY, etc. The terms MONOMANIA, and MORAL INSANITY, PARANOIA, or DELUSIONAL INSANITY are also commonly met with in the current literature of insanity. Although MONOMANIA and MORAL INSANITY should be eliminated from both thought and speech by all students of the subject, as inept, and misleading terms. They both pertain to mistaken and discarded notions

respecting mind and disease, and convey ideas that can not be harmonized with physiological facts as at present recognized by science. MONOMANIA, for instance, implies such a divisibility and sequestration of mental phenomena and disease as are inconsistent with psychological and pathological facts and inferences.

It is true that certain areas of brain mechanisms have been found to be more especially concerned in the direction of energy from the brain to certain groups of muscles, possibly to a single muscle, than to other groups or single muscles. It is inferentially true, also, that brain structures of certain degrees of organic complexity are concerned in the manifestation of correspondingly complex mental phenomena—ranging all the way from a simple, primitive nerve-ganglion, capable of manifesting consciousness of sensation, to the progressively complex outer extensions of corticular cerebral matter, manifesting the higher phenomena of intelligence, constructive imagination and ethical concepts. But the continuity of brain structure, from lowest to highest forms—each degree of extension growing out of and forever resting upon that which preceeded —precludes the inference that certain independent structures or single cells may be so isolated functionally, and so independently affected by disease, as to manifest a delusion of an equally definite and limited character without in the least implicating other mechanisms or affecting other mental manifestations.

The familiar terms—KLEPTOMANIA, PYROMANIA, DIPSOMANIA and similar agglutinations of words, indicative of a propensity to do something of an immoral character with MANIA, indicating disease—as names of varieties of MONOMANIA, should be banished, together with their illegitimate parent. The term MORAL INSANITY should be left out for similar reasons. It implies such a distinction of mental capabilities and phenomena as is not justified by facts or inferences. If applied to conditions of persons who are not diseased, as it generally is—persons who are characteristically immoral, and apparently conscienceless, because of arrest of development short of the higher intelectual capabilities to which moral precepts and concepts alone pertain, it is a misnomer, because these conditions are not insane, but strictly physiological. Such persons belong to the defective classes it is true, but are not invalids from disease. They may lie, steal, burn, get drunk, kill, and all that without pity or remorse; but should be classified as criminals, not as lunatics. If applied to conditions of persons who have been fully developed and have been characteristically moral, not simply by way of discipline and imitation, but because of recognitions of moral principles, doing right because it is right, and avoiding wrong because of its wrongfulness, but by reason of disease have lost consciousness of such principles and commit crimes impulsively or deliberately while still retaining a considerable degree of ordinary intelligence, it is a misnomer, because such conditions imply general or simple insanity, by which all mental capabilities above a certain plane of intelligence will, inevitably, be impaired. The higher and more complex capabilities being the last developed are the first to suffer retrogressive movements. Hence a certain defect of moral tone, if not an obliteration of moral sensibility, may be recognized in almost every case of simple insanity.

A legitimate, because useful, subdivision of the three classes of insanity represented by the terms MANIA, MELANCHOLIA, and DEMENTIA, is made by affixing the word ACUTE, or CHRONIC to the general term. When, for example: MANIA becomes protracted, although the condition of exaltation may have become more moderate, or for a time suspended, yet the general characteristics have not been so thoroughly changed as to constitute a state of stupidity or inertia.it is called CHRONIC MANIA. So with MELANCHOLIA. When the symptoms of depression become less marked and the patient less alive to suffering and yet not so far deteriorated as to be transferred to the class of dements, the condition is called CHRONIC MELANCHOLIA. DEMENTIA is classified as ACUTE or CHRONIC, more by reason of duration than change of symptoms, although dementia is progressive toward a more and more complete state of mental inertia.

DIAGNOSIS.

Medical men in general practice are not often called upon to diagnose cases of insanity of a doubtful character. In their practice, as a rule, well-marked symptoms of mental disorder have developed before they are consulted; or, develop under their immediate observation in the course of diseases under treatment. Ordinarily, such profound symptoms of general exaltation or depression, not accounted for by any known commemorative circumstances other than disease, make diagnosis easy and decisive. There is no other diagnostic symptom so trustworthy in doubtful cases as that of a marked and protracted change in the characteristics of a person's manner of feeling, thinking, and acting, without rational cause. By which is meant such causes as do effect changes of character and conduct, ordinarily, when operative, without suspicion of pathological accompaniments. To differentiate MANIA from MELANCHOLIA or DEMENTIA does not require skill or sagacity. The maniacal patient is likely to be garrulous, inconsistent, often fantastic, sometimes gay and sometimes angry, but never long at a time one thing. The melancholiac is usually moody, talks but little even when interrogated, and seems to entertain but one thought, or subject of thought—(self, or the conditions of self)—utterly hopeless of ever being happy, because of sins commited or enemies threatening disaster.

Indifference, or inanity, is the characteristic of DEMENTIA.

It is true that there are many grades of activity and prominence of these characteristic symptoms in different persons, and symptoms may fluctuate in any one case, from time to time, so that MELANCHOLIA may alternate MANIA in the history of a single case, and both MANIA and MELANCHOLIA are liable to terminate in DEMENTIA, if not in death or recovery, before reaching this stage of degeneration. There are special conditions, however, attended by symptoms of mental impairment or disorder, that are sometimes difficult to diagnosticate without somewhat protracted observation of patients suffering them—conditions that may be so serious as to make accurate diagnosis of the utmost importance. Of these conditions, that which is called PARESIS, PARALYTIC DEMENTIA, GENERAL PARALYSIS OF THE INSANE, PROGRESSIVE PARALYSIS, etc , is the most notable. The incipient symptoms of this condition are generally overlooked or not recognized as morbid by ordinary observers. As

a rule PARESIS is slowly developed and continues to progress, with interims of apparent abeyance, if not improvement, for several months, or even years. The earlier symptoms are often mistaken for the exhileration and eccentricities of wine-drinking. Later appearances simulate chronic alcoholism. Mental impairment of a more marked character and continuance is sooner or later discoverable. That these symptoms are not attributable to intoxication can be determined by observation of habits. Motor impairment also shows itself in some slight but increasing symptoms. The muscles are not all equally nor normally energized. The pupils may not respond to light promptly or evenly. The tongue when protruded may deviate from a straight line and tremble somewhat. Articulation is often halting or clumsy. Locomotion is not brisk, nor are the patient's steps elastic. One foot may be dragged a little more than the other. "Knee-jerk" is likely to be impaired, or no response is given to blows. These motor symptoms, in connection with the mental impairment already referred to, but more especially if delusions of grandeur have been manifested and everything seen by the patient is rose-hued in appearance and all feelings are optimistic, leave but little margin for error of diagnosis of PARESIS.

The more doubtful or disputed conditions claimed to be morbid and to constitute insanity are to be found, generally, in litigation pertaining to persons accused of crime, or incompetency to contract marriage, or dispose of or manage estates, or to persons resisting commitment to hospitals or seeking discharge therefrom. These cases have to be determined with a view—not so much to treatment—as to capability of doing ordinary business or responding to accusations of crime. When called upon to determine the mental status of such persons—whether sound or unsound—the matters to be inquired into are numerous and diverse. As, for example, the age, nativity, ancestry, incidents of childhood, education, tastes, occupation, religious experiences, relations—ancestral and collateral—and chief incidents of personal experience, all of which should be carefully reviewed by the examining physician. If the persons under examination do not discover evidences of mental deficiency or impairment when properly interrogated along these lines of life—not as by a cross-examiner of the legal profession when endeavoring to embarrass and discredit an adverse witness, but in that kindly, persuasive way of the intelligent and well-bred physician—by an exhibition of defective memory, perverted feelings, delusions of suspicion, exaggerated egotism, or humility, imperative notions, or a disposition to conceal facts, or evade questions, there being no indication of physical ailment, any further evidence must be sought for by the examination of persons longest and best acquainted with the case. In examining such witnesses, great care must be taken to properly estimate the value of testimony offered. The principal object of this investigation should be to determine what, if any, marked change of characteristics, of thought, or action had been observed in the life of the person accused; when it occurred and how it was accounted for at the time of the occurrence by those most familiar with the facts involved.

If the person accused seem to be incapable of giving an intelligent account of himself and it is shown by competent testimony that he was, up to a certain time, a person of ordinary capability, stability of char-

acter, and uniformity of conduct; but had gradually or suddenly changed to a condition of incapability, instability of character and eccentricity of conduct—the presumption must be strongly in faver of a diagnosis of insanity or mental impairment because of physical disease. If, on the contrary, it be shown that the accused was always below the standard of ordinary capability—especially below that of his immediate kindred—and was always peculiar in his habits and notions, with a decided tendency to immorality, and that present conditions appear to be nothing more than a slight exaggeration of normal states—unless there be unmistakable evidence of pathological conditions to account for such exaggeration as the person should be regarded, sound, to the extent of natural capabilities, and so treated. That there are a great many persons belonging to the defective classes of society who are not insane, and yet not more capable of self-control, nor more conscious of the sinfulness of sin than are many insane persons, not profoundly impaired by disease, need not be questioned. These are the "crooks" and the "cranks" of society—the "savages of civilization," whose conditions—although natural and sound, are defective—because of ancestral delinquencies for the most part—but not insane. That there should be any distinction between these persons and those who are impaired by disease respecting their punishability for conduct unrestrained, in either class, by perceptions of wrongfulness—is a question for society to determine in accordance with its own necessities, and not for psychological medicine to decide.

ETIOLOGY.

Any condition of human environments by which the molecular movements of brain-matter capable of performing mental function may be disordered, may be considered as a cause of insanity. It is probable that there are few, if any, single causes to which simple insanity may be rationally ascribed. The fact that of a large number of persons subjected to similar conditions of living, or causes of insanity, as generally recognized, but few of them will become insane, justifies the inference that an essential cause of insanity is potential in organizations by reason of certain defects or peculiarities of structure not common to the race. This is corroborated by the fact that weaker, less stable, "queer," and variously eccentric members of given families or communities, are more liable to become insane under ordinary provocation than are the stronger, more stable, and well-balanced members of the same. This potentiality of insanity resident in organization is evidently transmissible from parents to offspring, and is the factor of "heredity," that should never be overlooked in estimating the causes of insanity in any given case. Testimony bearing upon this question of hereditary causes is often difficult of obtainment. Many persons think that if none of their immediate ancestors were "mad"—fullfledged lunatics—there can be no possible heredity of conditions favoring the development of insanity in any member of their families, and will so assure us with emphasis precluding further questioning. They do not prevaricate or falsify intentionally, but they do not know that CHOREA, EPILEPSY, HYSTERIA, INEBRIETY and other NEUROSES are correlative conditions, from any one of which defects of organization constituting the potentiality of insanity may descend to the next generation, and subsequent generations, until oblit-

erated by natural extinction—toward which all such defects of organization tend.

Given: The organic potentiality of insanity, whether recognized or not, all other conditions acting as causes of insanity pertain to environments. The most potent of these conditions is POVERTY—because of the hard lines of life incident thereto. Such as the struggles for existence that exhaust energy, insufficient and unfit nutriment, unwholesome air and water in city populations, and the excessive use of intoxicants, tobacco, beer and whisky, by which the strugglers fortify themselves against the consciousness of environments that they can not otherwise overcome. All of which, with many other minor incidents of poverty, tend to deterioration of structures, rather than improvement, because the constant demand for organic energy is greater than the supply, and the structures of the body are all really "overworked." In the conditions of COMPETENCY, sustained by effort, the incidents of life provocative of insanity, are not numerous, nor do we find a large percentage of insane persons belonging to the class of comfortably provided for, but not luxuriously surrounded people. Incident to the conditions of AFFLUENCE are the almost inevitable tendencies to excesses, on the part of the youthful, and irregularities of social habits on the part of all as a class. These incidents, as do all other causes of idiopathic or simple insanity—such as child-bearing, tubercular and syphilitic dyscrasias, etc.—effect results along the same general lines of operation by disturbing the balance between the constructive and destructive forms of organic energy unfavorably to the performance of physiological functions. When mental phenomena were personified and represented as independent, ghostly, entities, metaphysically constructed of certain distinct faculties, or powers, operating, sometimes harmoniously and sometimes antagonistically, "the emotional faculties," for example, overcoming "the judgment," and "the intellectual faculties" wilfully overruling "the will," etc., many MENTAL CAUSES OF INSANITY were recognized which have not been, and never may be, altogether banished from the catalogue of legitimate causes. Among these ranked excessive emotional disturbances, such as grief, joy, disappointment, jealousy, religious excitement, etc., all of which were supposed to act immediately upon "the mind." The influence of such conditions of consciousness, still recognized as causes of insanity, act, however, in concert with all other influences tending to the same end, by impairing nutrition and murdering sleep, as they sometimes do most effectually, instead of directly upon consciousness as an entity. Thus, in the conspiracy of causes by which insanity is generally effected, so-called "moral" and physical causes combine and act in harmony.

Nothing could be more misleadiug and worthless than the tabulated "alleged causes" of insanity, to be found in all official American Insane Hospital Reports. They run about as follows:—Abortion, congenital, business failure, childbirth, domestic trouble, disappointed affection, epilepsy, financial trouble, grief, intemperance, masturbation, overwork—and so on to the end of the catalogue. More than one cause is seldom mentioned; although it is probable, as a matter of fact, that the single cause "alleged" was not even the chief conspirator in the case. The true causes of insanity may be summed up, then, as consisting of all con-

ditions, circumstances, and incidents of life—including heredity—that singly or in combination, are capable of impairing the functional capabilities of the supreme organ of the human body, the brain. The modern fad that the supreme organs of thought in women are the ovaries, and that ancient lacerations of the uterine os—quiescent for years before discovery by the Gynecologist, perhaps—are primary and sufficient causes of insanity, is not worthy of modern science.

PROGNOSIS.

"Head-symptoms," of more than ephemeral character, whenever manifested in the course of ordinary ailments are looked upon by all sagacious practitioners of medicine with suspicion. Insanity is an aggregation of "head-symptoms" manifested in the course of disease by which the mental function of the brain is impaired, and its manifestations deranged. Such symptoms should always be regarded as serious. More so, perhaps, because of the obscurity of the morbid basis giving rise to them, in many instances.

Offsetting the tendency of asylums and hospitals for the insane to make the best showing possible as results of their work, by large percentages of "recoveries"—not to say "cures,"—by the unrecorded spontaneous recoveries of insane persons outside of asylums—THIRTY PER CENT. of the whole number of persons manifesting these "head symptoms" will represent the number that may be expected to get well. The prognosis of insanity should, therefore, always be guardedly doubtful. Especially so, as in the earlier stages of Insanity, in most cases, the most skillful diagnostician can not predict the character of anticipated successive stages with such a degree of accuracy as alone justifies positive prognostication. Family physicians always err when they promise the friends of insane persons that they will recover in a short time; needing only a few weeks rest to restore them to health. Prognosis, in cases of some special forms of insanity, may be made with more confidence of results. In cases of PARALYTIC DEMENTIA, the prognosis is always unfavorable. These cases all terminate fatally. It is difficult to estimate the probable duration of disease, however, in any given case. It will range from three months to three or more years.

RECURRENT MANIA will continue to recur—at increasingly shorter intervals, in most instances—until insanity becomes continuous, or death intervenes.

EPILEPTIC INSANITY is incurable. Insanity of more than one year's standing is regarded as chronic. It is useless to try to combat the "head-symptoms" attending diseases that are not amenable to medicine when not so attended.

TREATMENT.

When men believed the human body to be a temporary tenement, built of clay, for the accommodation of a spirit during its pupilage on earth; and that an insane person was a body into which other, and evil, spirits had entered and overpowered the real owner: it was rational to treat the insane as poor bedeviled victims of supernatural malice. They were so treated. Men were called upon to administer to their necessities

who were supposed to be familiar with everything supernatural, and spiritual, by direct endowment; so that doctors of medicine had but little to do with them.

Now that different notions respecting the constitution of man prevail among educated medical men, at least—and insanity is recognized as a manifestation of impairment and disorder of brain-structures and functions; treatment of the insane is correspondingly different. It consists of applied therapeutics—medicinal, moral, and hygienic.

Of these remedies, the drug element is the least trustworthy, and the least important. When the pathological condition of the insane patient is clearly diagnosticated, it should be treated medicinally, without reference to the "head-symptoms," according to approved principles of practice. Medicines are administered with reference to such symptoms, also; but not much should be anticipated of them by way of cure, if the underlying pathological conditions do not appear to be amenable to medicine. Medicines are administered to the maniacal for the purpose of slowing motion, and thus allaying excitement—even to the extent of compelling silence or sleep. Such treatment is justifiable, and in private practice commendable, because necessary for the welfare of others, if not for themselves. Comforting as it may be, however, to others, the effects of such treatment are delusive, and so far as the welfare of the patient is concerned of doubtful utility. Sleep may be essential to the recovery of energy of exhausted living mechanisms, as is the winding of a clock to renew the force of the mainspring, or the energy of position of its weights. But the insomnia of insanity is because of unexhausted energy, eliminated by morbid processes, by which the true ends of sleep are defeated, and will continue to be as long as such processes can be maintained—even if medically compelled sleep were as conservative of energy as is natural. The maniac awakes from the compelled hypnotism of drugs with a shriek. The melancholiac renews the murmuring or lamentation of despair with equal certainty. A train of cars may be stopped on a steep down grade by the application of brakes; but when the brakes are removed the train moves on, impelled by the energy of position acquired, and held in abeyance. Medicinal sleep is a brake only, arresting motion temporarily.

Medicines are administered to the melancholiac to increase motion; hence are such as have stimulating or tonic qualities. Opiates, also to alleviate the painful consciousness of environments that oppress and threaten are allowable and useful in the treatment of melancholia. As insufficient or depraved nutrition is an antecedent condition of all states of depression, the intelligent physician will direct treatment according to knowledge with a view to remedy this condition.

In cases of simple dementia, nothing can be done medicinally beyond that which may be indicated for the promotion of nutrition and elimination. Anything more is superfluous. Special forms of insanity may be medicated with reference to pathological conditions.

THE MORAL TREATMENT of insanity consists of all such influences as the insane may be capable of appreciating at any given time: such as the influence of sympathy, encouragement, amusement, occupation rewards, and such punishment as is inseperable from necessary restraint, denials, and other disciplinary measures.

The appreciative capabilities of the insane differ so widely in different persons, and at different times in the same person, that great experience, skill and proper facilities, are indispensable for the suceessful administration of moral treatment. Errors in moral treatment of the insane are not less disasterous than errors in medical treatment. It is in recognition of this fact that what is now known as "INDIVIDUALIZED TREATMENT" is regarded as more conducive to recovery of the recoverable insane, than the custom and necessity of aggregation admit of in great public asylums.

Insanity in all forms implies more or less depravity of feeling; loss of the finer perceptions of the true, beautiful and good. Loss of self-control, and so far as the delusions of an individual are concerned, loss of reasoning capability. To treat an insane person as if sane is unprofitable. To treat an insane person according to his insanities requires knowledge and tact of a peculiar order. To treat an assemblage of lunatics as a herd, is neither discriminating nor wise.

HYGIENIC TREATMENT of the insane consists of wholesome environments, such as pure air, pure water—applied freely, both inside and outside—plenty of light and warmth, good food and rational exercise, to be regulated according to the conditions of classes or individuals.

Medicinal treatment of the insane can be administered at home as well as elsewhere, by intelligent practitioners.

Moral treatment is, for the most part, impracticable in home environments. Ignorant of the significance of the phenomena of insanity, mistaken kindness on the part of anxious and loving relatives, and the general misconceptions of propriety on the part of neighbors, more than offset the wisdom of the attending physician.

Hygienic treatment is far more thoroughly attainable in hospitals for the insane as now constructed and administered, than elsewhere, whether public or private. The real advantage of treatment in a Private Hospital is that of individualization, or the adaptation of special methods and means to the special necessities of individual cases and special conditions arising in the course of disease under all circumstances The advantage of treatment of the insane in a Private Hospital, if well equipped, and conducted with reference to professional ends, are, indeed, as conspicuous and desirable as are those of modern surgical hospitals for the treatment of surgical diseases. Advantages that can not be readily estimated without much knowledge and reflection.

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